

Please type a plus sign (+) inside this box → +

PTO/SB/21 (10-96)

Approved for use through 10/31/99. OMB 0651-0031

**This form is a Replica of PTO/SB/21 (10-96)**

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/413,959
Filing Date	10/7/99
First Named Inventor	T. FEYEREISEN, ET AL
Group Art Unit	3661
Examiner Name	D. TRAN
Attorney Docket Number	H16-25536 US

Total Number of Pages in This Submission

### ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br><input type="checkbox"/> Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Checklist and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> After Allowance Communication to group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Supplementary IDS for Entry in File<br/>PTO1449 Form<br/>5 References<br/>International Search Report</div> |
|---|--|--|

Remarks

RECEIVED

MAR 14 2001

TO 3600 MAIL ROOM

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name  
JOHN G. SHUDY, JR.  
REG. NO. 31,214

Signature

Date

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Type or printed name  
SANDY TRUEHART

Signature

Date

3-9-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents Box Patent Application, Washington, DC 20231.

Match & Return